



Report of Separation and Advance Payroll Information

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240

Employer: Please complete this form as soon as possible and return to CalPERS.

Section 1

Your cooperation in immediately providing an advance estimate of the requested information is critical for us to make accurate payment at the earliest possible date.

Employing Agency and Member Information

Name of Employing Agency

This member has applied for disability retirement.

Name of Member (First Name, Middle Initial, Last Name)

Social Security Number

Requested Retirement Date (mm/dd/yyyy)

Section 2

Last day on pay status will be upon expiration of accrued sick leave or compensated time off.

Effective Separation or Termination Dates

Separation Date (mm/dd/yyyy)

Termination Date (mm/dd/yyyy)

Last Day on Pay Status (mm/dd/yyyy)

Leave of Absence With Compensation

Beginning Date (mm/dd/yyyy)

Ending Date (mm/dd/yyyy)

Type of Compensation

Explain the difference between the date of separation and last day on pay status, if any.

Section 3

Unused Sick Leave at Time of Separation

Accumulated hours must be converted to **days** using the appropriate conversion factor applicable to each employee's individual classification or position. Calculate to three decimal places.

Balance of unused sick leave hours at time of separation: _____ ÷ 8 = _____
Hours Days

Section 4

Certification of Employer

The above information is based on payroll information currently available.

Signature of Payroll Officer

Title

Date (mm/dd/yyyy)

Phone Number

Mail to:

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711